

EVALUATION OF BLADDER DYSFUNCTION IN NEUROLOGIC PATIENTS

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Lower urinary tract symptoms are a common symptom in general population as well as in many neurological diseases. The vast majority of these patients will first present to the urologist and would only later be referred to the uro-neurologist.

The evaluation of all patients with lower urinary tract symptoms starts with thorough history and physical examination (including neurologic examination). An important part of initial evaluation is standardized questionnaire (e.g.: ICIQ-UI Short Form, which is a simple, brief and robust measure of the impact of urinary incontinence on patient's quality of life) as well as voiding diary, preferably frequency-volume chart, which records the volumes voided as well as the time of each micturition, for at least 24 hours (aim: four to seven days).

Based on history and clinical findings a decision is made which patients need more costly and invasive diagnostic procedures and which patients can be followed with alternative methods.

When more invasive methods are required not all neurologic patients will benefit from the same investigations, and not all patients require the same frequency of follow-up. In patients with suspected neurogenic lesion, particularly in patients with saddle sensory loss and patients with accompanying bowel and sexual dysfunction, electrophysiologic studies should be performed. For the evaluation of bladder function during filling and voiding urodynamic studies are performed and can be coupled with x-ray imaging (video urodynamics). There are also other imaging techniques, which should be performed when appropriate (computer tomography, magnetic resonance imaging, ultrasound, endoscopic evaluation).

In clinical practice we often realize that "the bladder is an unreliable witness" and detailed history and physical examination is frequently not enough for the diagnosis. Therefore additional investigations should be performed, which contribute to correct diagnosis and the most successful treatment.